

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76	1				
27							77					
28							78					
29							79					
30							80					
31							81	1				
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88	1				
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95	1				
46							96					
47							97					
48							98					
49							99	1				
50							100					
TOTAL IND.							TOTAL IND.	5				
TOTAL DEP.							TOTAL DEP.	56				
TOTAL CLAIMS							TOTAL CLAIMS	61				